

2012 Military Health System CONFERENCE



Improving Emergency Department (ED) Throughput

The MHS: Healthcare to Health

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Introduction



- Langley strategic growth initiatives added 8K patients to its current beneficiary population.
- Increased enrollment led to longer wait times and increased ED patient Leave Without Being Seen (LWOBS) rates.
- ED staff members incorporated efficiency improvements developed during a unit LEAN event directed at improving healthcare delivery.
- Improvements were noted within 6 months.

Methods



- Developed fast track (FT) clinic
 - Eliminated offices to create separate exam area.
- Modernized triage process
 - Close triage when beds are open (bedside triage)
 - Divide patients into urgent/non-urgent complaints
 - Patient's sorted to FT/ED on arrival
- Divided ED into 2 sections/teams
 - Assigned provider/medic/paramedic/nurse to each section for continuity

Results



Metric	AFMS Goals	March 2011	September 2011	December 2011
ED Door-to-door time (Non-urgent/urgent)	60/180 min	120/172 min	119/126 min	89/128 min
ED door to floor time	180 min	272 min	239 min	232 min
Main ED door-to-doc	30 min	120 min	47 min	30 min
Leave w/out being seen (LWOBS)	< 1.25%	2.25%	< 0.5%	< 0.25%
% greater than 6 hr stay	< 1%	1.6	1%	0.6%
% transfers to network	1%	0.88	1.5 %	0.8%

- Within nine months, the ED saw decreases in “door to door”, “door to floor”, “door to doc”, LWOBS, and “greater than six-hour stay” times as noted in the table above.

Conclusion



- Process changes improved ED throughput
- Personnel expressed an increase in job satisfaction
- Future initiatives are directed at further improving ED throughput to meet AF goals. Initiatives include ED construction projects, electronic charting, and utilization of physician scribes.